defaulting companies for recall batches of drugs sold in the market/hospitals/ dispensaries etc. whenever a drug sample is found not to be of standard quality. Where appropriate, the State Drug Controllers also give publicity to alert the consumer and chemists to stop further sale of the drug.

Patients of Epilepsy

1165. SHRI S. AUSTIN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the disease apilepsy is incurable;

(b) if so, the details of assistance being extended to epileptic patients to sustain their life;

(c) whether they are treated as han dicapped; and

id) if not, what are the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) and (b) Epilepsy is treatable. The Patients are prescribed suitable drugs to control their attacks.

(c) The patients are not treated as handicapped.

(d) Majority of patients with epilepsy have their attacks controlled with drugs and are able to lead reasonable noimal life.

Expansion of Health Services in Tamil Nadtt

1166. SHRI V. RAJAN CHELLAPPA; Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the efforts being made by Govern ment fo;- the expansion of Central health Services, in Tamil Nadu under the programme 'Health for all by 2000 A.D.';

(b) whether Government of Tamil Nadu have submitted any specific scheme to the Central Government in respect of health and family welfare programmes;

(c) if so, the details thereof; and

(d) the decision taken by the Central Government thereon?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) To achieve the Coal of "Health for All by 2000 A. D." a comprehensive promotive, preventive, curative and rehabilitative health care services is being provided in the rural areas of the State through a network of Sub-centres, Primary Health Centres and Community Health Centres established in the State and in the urban areas similar services are being provided through Taluka/Subdivision/Distirict and specialised hospitals. Besides this, to control/eradicate major communicable and non-communicable diseases, the following major Centrally sponsoed schemes are being implemented in the State:—

(i) National Malaria Eradication Programme.

(ii) National T. B. Control Programme .

(iii) National Leprosy Eradication Programme.

(iv) National Programme for Control of Blindness.

(v) National AIDS Control Programme.

(vi) Family Welfare Programme.

(b) to (d) This Ministry is not aware of any such scheme.

Treatment to persons sucering from migraine

1167. SHRI V. RAJAN CHELLAPPA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to
state:

(a) whether lakhs of people in the country are suffering from migraine;

(b) whether treatment for the migraine is available in the country; and

(c) if not, the steps proposed to be taken by Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA); (a) Data, on prevalence of migraine has not been compiled.

lb) and (c) A numbe$_r$ of prophylactic treatments are available for migraine.

Construction of primary Health Centres in Gujarat

1168. SHRIMATI ANANDIBEN JET-HABHAI PATEL; Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether Government of Gujarat has sought funds for the construction of Primary Health Centres;

(b) if so, what are the details thereof; and

(c) what steps Government have proposed to update and improve the primary health centres in that State?

THE MINISTER OF STATE IN TH E. MINISTRY OF HEALTH AND FAMILY WELFARE (.DR. C. SILVERA): (a) and (b) No, Sir.

(c) Primary Health Centres are main tained by the State Governments. However, provision* has been made for construction of 38 training annexes at primary health centres in Gujarat undei the World Bank Assistance India Pbpuli-tion Project-VII. Under Social Safety Net Scheme: 5 PHCs each per year are aUo being supported for Banaskantha ar.d kiitch districts for construction of an Operation Theatre, six bedded observation ward and resident-quarters for LHV/ANM.

World Bank's assistance to control Tuberculosis

1169. SHRI T. VENKATRAM REDDY; Will the Minister of HEALTH AND FAMILY WELFARE *bE* pleased to state:

(a) whether the World Bank has recently proposed to assist India in reducing incidence of tuberculosis;

(b) if so, the details of the assistance offered and the projtcts proposed to be financed by the World Bank;

(c) whether the incidence of tuberculosis has been showing increasing trends in the country in recent years;

(d) if so, the details thereof for the last three years;

(e) whether the World Bank's assistance will help in augmenting the supply of major drugs used for treatment of tuberculosis; and

(f) if so, the details thereof?

THE MINISTER OF STATE IN TH3 MINISTRY OF HEALTH AND FAMILY
WELFARE (DR. C. SILVERA): (a) and (b) World Bank is considering a proposal for T. B. Control in 5 States and 10 cities.

(c) No. Sir.

(d) Does not arise.

(e) and (f) Yes, Sir. The prrject is likely to help to meet the requirements of drugs for treating infectious *mi* seriously ill cases.

Programme for Medical and Health Care in Andhra Pradesh

1170. SHRI T. VENKATRAM REDDY: Will the Minister of HI ALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government of

Andhra Pradesh has prepared a programme of Medical and Health Care during 1994-95;

(b) the extent to which the prog ramme includes women and child wel fare; and

(c) the amount of assistance the Central Government have agreed to provide for implementing the program me?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) to (c) A Health Systems Project to upgrade secondary level hospitals in Andhra Pradesh, which will benefit all, including women and children has